Name in Full J. Mitchell Adkins

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month March Day 21 | Age Y. M. D. | Native of | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Consumption - 22a

Immediate Consumption & chronic Bowel trouble ~~Accident, Suicide, Homicide~~

How long sick about 1 year

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

Name in Full Sarah Ann Banks

Certificate of Death

Died at Town Near Fruitland County Wicomico MARYLAND

Date 1899 Month Mch. Day 26 Age Y. 92 M. D. Native of Md. Occupation Housekeeper

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Stephen Banks

Father's Name Peter Kibble Mother's Name Rose Kibble

Cause of Death Primary Old age I suppose 141 How long sick did not seem to be sick

Immediate ~~Accident, Suicide, Homicide~~

Reported by Geo. C. Hill

Address Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

No Doctor in attendance

Name in Full Mrs. Sally A. Bedsworth

Certificate of Death

Died at Town Mardela Springs County Wicomico MARYLAND

Date 189 9 Month 3 Day 28 Age Y. 75 M. D. Native of Occupation

~~Male~~ ~~Female~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ Wife of Tubman Bedsworth

Father's Name Jonathan Baily Mother's Name

Cause of Death Primary Apoplexy 42 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wicomico News

Address 3-30

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Mrs. Sallie E. Bennett

Certificate of Death

Died at Town Mardela County Wicomico MARYLAND

Date 189 9 Month 3 Day 19 Age Y. 71 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of E. Turpin Bennett

Father's Name Mother's Name

Cause of Death: Primary Apoplexy 42 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wicomico News

Address 3-23

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79[illegible]

Rev Jas McCready
Smithson Chapel,
Mardela Md

Name in Full — Bethards

Certificate of Death

Died at — Town: near Hebron — County: Wicomico — MARYLAND

Date 1899 — Month: 3 — Day: 22 — Age: Y. 7 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband of Wife

Father's Name: John E. Bethards — Mother's Name: 145a

Cause of Death — Primary: Gunshot wound — How long sick

Immediate: in the head — Accident, ~~Suicide, Homicide~~

Reported by: Wicomico News

Address: 3-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John P. Carter

Certificata of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month 3 Day 14 | Aga Y. 60 M. — D. — | Native of Worcester Co | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Wife Mrs. J. P. Carter

Father's Name ✓ Mother's Name ✓

Cause of Death: Primary Strangulated hernia; Immediate Peritonitis

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by J. McDick

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Edw. H. Dixon

Certificate of Death

Died at: Town: near Salisbury County: Wicomico MARYLAND

Date 1899 Month: March Day: 26 Age Y.: 51 M.: – D.: – Native of: Md Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living: 5

Husband ~~Wife~~ of: Mary E. Mathews

Father's Name: Wm Dixon

Mother's Name: Lucretia Townsend

Cause of Death: Primary: Dont know

Immediate: Heart disease? 57

How long sick: Dont know

~~Accident, Suicide, Homicide~~

Reported by: Geo. H. Todd

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full Mrs. Sallie Hearn

Certificate of Death

Died at near Town Zion Ch. County Wicomico MARYLAND

Date 189 9 Month 3 Day 27 Age Y. 93 M. D. Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Joseph Hearn

Father's Name Rev. Saml. Nelson Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wicomico News

Address 3-30

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full | Certificate of Death

Mrs Sally Hearn

Died at Town In Parsons Dist. County Wicomico MARYLAND

Date 1899 Month Mch. Day 28 | Age Y. 92 M. 2 D. 27 | Native of Wicomico Co. | Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Four

~~Husband~~ ~~Wife~~ of Joseph Hearn

Father's Name Samuel Melson | Mother's Name Gracie Melson

Cause of Death: Primary Old Age 141 | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Geo. C. Hill Undertaker

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

There was no Doctor in
attendance.
Mr. Elijah Hearn, her Son told
me she did not seem to be sick
but just wore out

L. C. H.

Name in Full: Susan Marshall

Certificate of Death

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date 1899 — Month: 13 — Day: March — Age: Y. 60? M. D. — Native of: Md? — Occupation: Laborer

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow ~~Widower~~ — Divorced — Number of children living: Three

~~Husband of~~ Wife: Geo. Marshall

Father's Name: D. Dashield — Mother's Name: Martha (not known)

Cause of Death — Primary: ~~Uremia with~~ Abdom. Cancer — How long sick: 4 Years

Immediate: Uremia + " 25 c. " — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Geo. W. Todd

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989R

Attended by Dr. Dr J. McF. Dick & Dr L. H. Morris

of Salisbury

Seen by Coroner .....

of .....

Information contained in this certificate received from Geo. H. Todd

of Salisbury Md

Name in Full | Certificate of Death

Rogey Jane Muray

near Town | County

Died at Pittsville | wicomico | MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	march	24	Age	32			marican	farmer wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Auther James Muray

Father's Name | Mother's Name

Cause of Death: Primary Consuntion 22a | How long sick 7 months

~~Immediate~~ | ~~Accident, Suicide, Homicide~~

Reported by Joshua R Farlow undertaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

dr. Hamond attending physician

Burlin worcester md.

Name in Full | Certificate of Death

Cedonia. A. Polk

Died at Town: Allen | County: Wicomico | MARYLAND

Date 1899 | Month: Mar | Day: 10 | Age Y. M. D.: 3 | Native of | Occupation

[redacted] Female | [redacted] Colored | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of Wife

Father's Name: Ishmam J. Polk | Mother's Name: Anna V. Polk

Cause of Death: Primary: Heart Failure | Immediate: 1556 | How long sick | Accident, Suicide, Homicide

Reported by: E. A. Denson | Undertaker

Address: Whaylard | Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

George Washington Polk

Certificate of Death

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Mch. Day: 22nd | Age Y.: 65 M.: about D.: | Native of Somerset Co. | Occupation Fireman

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Five

Husband / Wife of Henrietta Polk

Father's Name Don't know | Mother's Name Don't know

Cause of Death — Primary: I don't know | How long sick 3 or 4 Mos.

Immediate: suppposed to be heart Disease | ~~Accident, Suicide, Homicide~~

Reported by Geo. E. Hill 161

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Attended by Dr. None for some time past

of

Information contained in this certificate received from Henrietta Polk

of Salisbury Md.

Name In Full

Certificate of Death

Sidney Powell

Died at Town near Fruitland County Wicomico MARYLAND

Date 1899 Month March Day 2 | Age Y. 9 M. — D. | Native of Maryland | Occupation schoolboy

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name J. Sidney Powell

Mother's Name Don't Know

Cause of Death: Primary Diabetes Mellitus | How long sick one month

Immediate Heartfailure 28 | ~~Accident, Suicide, Homicide~~

Reported by Louis W. Morris, Mod.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

John B. Sebrese

Town

County

Died at Salisbury Wicomico MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	8	22	Age 72		Md.	Farmer

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 6

Husband ~~Wife~~ of Katherine Mills

Father's Name John Sebrese

Mother's Name Sarah Hobbs

Cause of Death — Primary: Cardiac Dilitation 5-7 — How long sick 2yrs

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Edwin Mustabruck

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6716B

Name In Full

Certificate of Death

Austin H. Veasey

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1899 Month March Day 29 | Age Y. 21 M. 7 D. 19 | Native of Md | Occupation Salesman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife

Father's Name Wm. F. Veasey | Mother's Name Emma Dryden

Cause of Death: Primary Malignant Endocarditis — How long sick 6 weeks

Immediate — 56

~~Accident, Suicide, Homicide~~

Reported by F. M. Oleemore

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79968

Attended by Dr._____

(_____

Information contained in this certificate received from_____

of_____

Name in Full Irvin Waller

Certificate of Death

Died at Town Sharptown County Wicomico MARYLAND

Date 1899 Month 3 Day 24 Age Y. 14 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name Wm. Waller Mother's Name 146 b

Cause of Death Primary Fell into a steam box on a

Immediate factory scalding himself

How long sick

Accident, Suicide, Homicide

Reported by Wicomico News

Address 3-30

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Rev. B. F. Jester 5-29

M. P. Ch

Name in Full

Certificate of Death

John Walter Webb

Died at Town Willards County Wicomico MARYLAND

Date 189 9 Month 3 Day 3 | Age Y. M. 6 D. 11 | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife X X X

Father's Name Peter A. Webb Mother's Name Mary Webb

Cause of Death: Primary P | Immediate Pneumonia | How long sick 11 days | ~~Accident, Suicide, Homicide~~

Reported by Ira B. Tyndall M.D.

Address Whaleysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Jno. R. H. White — Certificate of Death

Died at Town Parsonsburg, County Wicomico, MARYLAND

Date 1899 Month March Day 3. | Age Y. 34 M. 9 D. 8 | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living none

Husband of Wife Never Married

Father's Name Jno. White | Mother's Name Mary Parsons White

Cause of Death — Primary: La Grippe — How long sick: about 1 week

Immediate: developped in Pneumonia

Reported by Dr. Geo. H. Truitt

Address Parsonsburg Wicomico Co. Md.

Must be signed by physicien, if any in attendance, otherwise by ~~coroner~~ undertaker or ~~minister~~. Joshua R. Farlow

LIBRARY BUREAU, 70F7R

Name In Full

Certificate of Death

John Wesley Williams

Town

County

Died at near Allen Wicomico MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Mar	11	Age 15	8	11		

Male ~~Female~~ ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name George W. Willian

Mother's Name Martha J. Williams

Cause of Death — Primary: Dropsy 15-5-a — How long sick: Six Months

Immediate — Accident, Suicide, Homicide

Reported by E. A. Denson Undertaker

Address Shagland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79908

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____